

EXHIBIT 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395867	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/03/2024
NAME OF PROVIDER OR SUPPLIER: LAKEVIEW HEALTHCARE AND REHAB STATE LICENSE NUMBER: 194802		STREET ADDRESS, CITY, STATE, ZIP CODE: 15 WEST WILLOW STREET SMETHPORT, PA 16749		
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F 0000	<p>INITIAL COMMENT</p> <p>Based on an Abbreviated Complaint Survey completed on January 3, 2024, at Lakeview Healthcare and Rehab it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as it relates to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	F 0000		

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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H 0009		H 0009			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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H 0009	Continued from page 1 51.3 (g)(1-14) NOTIFICATION 51.3 Notification (g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance and patient safety include, but not limited to the following: (1) Deaths due to injuries, suicide or unusual circumstances. (2) Deaths due to malnutrition, dehydration or sepsis. (3) Deaths or serious injuries due to a medication error. (4) Elopements. (5) Transfers to a hospital as a result of injuries or accidents. (6) Complaints of patient abuse, whether or not confirmed by the facility. (7) Rape. (8) Surgery performed on the wrong patient or on the wrong body part. (9) Hemolytic transfusion reaction. (10) Infant abduction or infant discharged to the wrong family. (11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.	H 0009	1. Administrator reported as soon as he/she was made aware that this was a fire alarming system issue and reported through the ERS system on 12/20/2023. CertaSite repair service was immediately called for repairs. "Fire Watch" policy was implemented on 12/14/2023 and continued until fire alarm system was fixed and doors were secured on 12/22/2023. There was no harm to any residents. 2. The Administrator will correct the deficiency by educating all pertinent staff on policy of WHAT IS REPORTABLE, how it is reported, why it is reported, when it should be reported and whom should be reporting through the ERS system to avoid further occurrences. 3. Will review 3 months back of all facility events and incidents to ensure requirements of reporting were met. Will review and discuss ongoing at morning meetings with management staff all facility events and incidents to ensure we are not	Completion Date: 02/05/2024 Status: APPROVED Date: 01/18/2024	

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H 0009	Continued from page 2 (12) Notification of termination of any services vital to continued safe operation of the facility or the health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange of telephone service. (13) Unlicensed practice of a regulated profession. (14) Receipt of a strike notice. This REGULATION is not met as evidenced by:	H 0009	missing any reporting requirements for further occurrences and to sustain compliance. 4. Findings will be reported to QA committee for further review and monitoring.		

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H 0009	<p>Continued from page 3</p> <p>Based upon review of facility policy, and staff interviews, it was determined that the facility failed to report an incident to the Department of Health (DOH) in a timely manner.</p> <p>Findings include:</p> <p>Review of facility policy entitled "Fire Watch" dated 3/20/2023, revealed that "Our local fire department and state licensing agency shall be immediately notified when there is an unforeseen disablement ... of our fire detection ..."</p> <p>Review of information submitted by the facility dated 12/20/23, for disruption of the wander guard system (alarming system to alert staff if a resident was exiting the building unattended) not working properly starting on 12/14/23, revealed the information submitted was six days after the incident occurred.</p> <p>During an interview on 12/27/23, at 11:25 a.m. the Maintenance Director revealed that it was the fire</p>	H 0009			

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H 0009	Continued from page 4 alarming system that was not functioning from 12/14/23, through 12/22/23. During an interview on 12/27/23, at 11:40 a.m. the Director of Nursing revealed that on 12/14/23, staff placed tabs monitors on the doors that remained unlocked due to the fire system not functioning which would alarm to notify staff if the door was opened. During an interview on 12/27/23, at 11:58 a.m. the Nursing Home Administrator revealed that it was the fire system not functioning properly not the wander guard system from 12/14/23, through 12/22/23. He/she also confirmed on 12/27/23, at 11:58 a.m. that the Department of Health (DOH) was not notified of the incident in a timely manner. 28 Pa. Code 201.14(a) Responsibility of licensee	H 0009			

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P 5510		P 5510			
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P 5510	Continued from page 1 Nursing services. (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight. This REGULATION is not met as evidenced by:	P 5510	1. Nursing Home Administrator will re-educate Director of Nursing and Scheduler on staffing ratios regulation effective July 1, 2023. 2. Director of Nursing/Designee will complete a 4 week look out daily for 8 weeks to identify that the NA ratio is being met. 3. Bonuses will be offered as an incentive to pick up NA shifts. HR will continue to work on hiring additional NA nursing staff by placing ads on Indeed and monitoring open NA positions as they apply and processing applicants in a timely manner. HR will also offer a sign on bonus as well as referral bonus if applicable. Will ask for volunteers to stay over or come in early for their shifts. Will also implement a volunteer sign-up sheet for employees that would like extra shifts that we can call for call offs. If employees will not voluntarily pick up shifts due to call offs, then we will implement our mandating policy.	Completion Date: 02/09/2024 Status: APPROVED Date: 01/18/2024	

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P 5510	Continued from page 2	P 5510	<p>4. Director of Nursing/Designee will monitor the daily /weekly staffing sheet and will be ongoing to sustain compliance.</p> <p>5. Findings will be reported to QA Committee for further review and monitoring.</p>		

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P 5510	<p>Continued from page 3</p> <p>Based on review of the facility staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) per 12 residents on daylight shift for two of 28 days reviewed (12/26/23, and 12/29/23); one NA per 12 residents on evening shift for five of 28 days reviewed (12/9/23, 12/21/23, 12/25/23, 12/28/23, and 1/1/24); and one NA per 20 residents on overnight shift for three of 28 days reviewed (12/9/23, 12/10/23, and 12/17/23).</p> <p>Findings include:</p> <p>Review of facility staffing ratio information from 12/5/23, through 1/1/24, revealed the following NA staffing shortages for daylight shift:</p> <p>12/26/23 census of 31 residents two NAs scheduled and three NAs were required.</p> <p>12/29/23 census of 31 residents two NAs scheduled and three NAs were required.</p> <p>Review of facility staffing ratio information from</p>	P 5510			

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P 5510	<p>Continued from page 4</p> <p>12/5/23, through 1/1/24, revealed the following NA staffing shortage for evening shift:</p> <p>12/9/23 census of 33 residents two NAs scheduled and three NAs were required.</p> <p>12/21/23 census of 31 residents two NAs scheduled and three NAs were required.</p> <p>12/25/23 census of 31 residents two NAs scheduled and three NAs were required.</p> <p>12/28/23 census of 31 residents two NAs scheduled and three NAs were required.</p> <p>1/1/24 census of 31 residents two NAs scheduled and 2.58 NAs were required.</p> <p>Review of facility staffing ratio information from 12/5/23, through 1/1/24, revealed the following NA staffing shortage for the overnight shift:</p> <p>12/9/23 census of 33 residents one NA scheduled and two NAs were required.</p> <p>12/10/23 census of 32 residents one NA scheduled and two NAs were required.</p> <p>12/17/23 census of 31 residents one NA</p>	P 5510			

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P 5510	Continued from page 5 scheduled and two NAs were required. During an interview on 1/3/24, at approximately 11:48 a.m. the Nursing Home Administrator confirmed that the facility failed to meet the required NA ratios for the above dates and shifts.	P 5510			



Certified End Page

LAKEVIEW HEALTHCARE AND REHAB

STATE LICENSE NUMBER: 194802

SURVEY EXIT DATE: 01/03/2024

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY